

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New Hampshire Democratic Party

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rowe, Kevin, , ,

Mailing Address 417 Los Altos Way

City  
Santa FeState  
NMZip Code  
87501-1233FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
K Rowe Investments LLCOccupation (for Individual)  
Managing Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 06 / 2021

Transaction ID : 12617591

Amount of Each Receipt this Period

9900.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ActBlue Technical Services

Mailing Address 366 Summer St

City  
SomervilleState  
MAZip Code  
02144-3132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10604.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 10 / 2021

Transaction ID : 12617591E

Amount of Each Receipt this Period

9900.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

9900.00

TOTAL This Period (last page this line number only).....▶

9900.00